

**OFFICE OF COMPLIANCE**  
**OFFICE OF THE GENERAL COUNSEL**



**Request for Safety and Health Inspection of Employing Office**

**DO NOT WRITE IN THIS SPACE**

VERSION 2011.06.01

Page 1

Case No.

Date Filed

I am an employee or a representative of an employing office in the Legislative Branch.  
I am requesting this inspection because I believe that a safety or health hazard exists in the workplace.

I  wish to  do not wish to remain anonymous.

IF YOU WISH TO REMAIN ANONYMOUS, YOUR NAME WILL NOT BE REVEALED TO OTHERS UNLESS YOU TELL US OTHERWISE.

**Description of the hazard.** Describe the unsafe acts and/or hazardous conditions and any injuries, illnesses, or "close calls" caused by these acts or conditions.

INCLUDE DETAILS SUCH AS DATES AND LOCATIONS. ADDITIONAL OR SUPPORTING INFORMATION MAY BE ATTACHED.

Does the hazard described above continue to occur?  Yes  No  I don't know

If it continues, how often does it occur?  Continually  Daily  Weekly  Monthly

Other frequency

# Request for Safety and Health Inspection of Employing Office

**DO NOT WRITE IN THIS SPACE**

VERSION 2011.06.01

Page 2

Case No.

Date Filed

**Offices** responsible for the hazard(s).  
IF KNOWN; THIS INFORMATION IS NOT MANDATORY

**Representatives** from these offices.  
IF KNOWN; THIS INFORMATION IS NOT MANDATORY

Name	Phone (    )
Name	Phone (    )
Name	Phone (    )

Have you discussed the hazard with anyone responsible for having the hazard corrected?  Yes  No  
If yes, please describe who was contacted and what was discussed. THIS INFORMATION IS NOT MANDATORY

## Requestor

**Name**

**Work Organization**

**Work Phone** (    )

**Home Phone** (    )

**Cell Phone** (    )

**Other Phone** (    )

**Work Email**

**Home Email**

## Mailing Address

Street Name and Number

Apartment or Suite Number

City, State, Zip Code

THIS ADDRESS WILL BE USED FOR PROVIDING YOU WITH CORRESPONDENCE AND OUR FINDINGS. IT WILL NOT BE SHARED IF YOU REQUEST ANONYMITY.

Is your work unit represented by a labor organization?  Yes  No THIS INFORMATION IS NOT MANDATORY

If yes, please identify the labor organization.

Contact information:

**I certify under penalty of perjury, as detailed by 18 U.S.C.A. § 1621, that the foregoing is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_.